

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2976.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 12-24-01.
  - b. The request was received on 6-11-02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. One Example EOB
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. EOBs
  - c. HCFA
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-24-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 7-25-02. The three (3) day response from the insurance carrier was received in the Division on 6-24-02 and is reflected as "Exhibit II" of the Commission's case file.
4. Notice of A letter Requesting Additional Information from the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 7-18-02:

“We are an emergency air ambulance service dispatched to the scene of this injury/accident.... I have enclosed our flight records and documentation for this mission. I have also included EOB’s from two different carriers that paid our claims in full for service’s occurring within the same time frame, for the same service, with the only difference in billing being the supplies used in each case and of course the injuries being different. I did however, choose to use the claim the carrier. ...paid because the injury was very similar they paid the claim in full.”

2. Respondent: Position statement taken from TWCC 60.  
“there [sic] is no fee schedule for services provided, fair & reasonable reimbursement has been issued.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12-24-01.
2. The carrier denied the billed services as reflected by the EOBs as “M – No MAR; G – UNBUNDLING; O – DENIAL AFTER RECONSIDERATION”.

3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS                              | CPT or Revenue CODE     | BILLED                              | PAID                             | EOB Denial Code(s) | MARS      | REFERENCE                                                                                                  | RATIONALE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 12-24-01<br>12-24-01<br>12-24-01 | A0431<br>A0436<br>A0999 | \$3200.00<br>\$ 315.00<br>\$ 205.50 | \$500.00<br>\$ 56.00<br>\$200.00 | M<br>M<br>M        | No<br>MAR | TWCC Rule 133.307 (j) (1) (G);<br>TWCC Rule 133.307 (g) (3) (D);<br>Section 413.011 (d);<br>CPT Descriptor | <p>The Carrier has denied the disputed HCPCS Codes as "M".</p> <p>Section 413.011 (d) states, "Guidelines for medical services fees must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf."</p> <p>Per Rule 133.307 (g) (3) (D), the provider failed to support their position that the fees charged were fair and reasonable as required by Rule 133.307 (g) (3) (D) which states, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title..."</p> <p>The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable. As the requestor, the health care provider has the burden to prove that the amount of reimbursement requested represents a fair and reasonable charge. The Requestor submitted two example EOBs to support the charges billed. However, only one of the EOBs could be utilized during the review process. One EOB did not reflect the codes that were billed. Therefore, the provider has failed to discuss, demonstrate and/or justify that the payment being sought is fair and reasonable.</p> <p><b>No additional</b> reimbursement is recommended.</p> |
| 12-24-01                         | A0424                   | \$300.00                            | \$-0-                            | G                  | No<br>MAR | TWCC Rule 133.304 (c);<br>HCPCS Code<br>Descriptor                                                         | <p>The Carrier has denied the disputed code as "G".</p> <p>TWCC Rule 133.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's actions(s). A generic statement that simply states a conclusion such as "not sufficiently documented" or other similar phrases with no further description for the reason for the reduction or denial of payment does not satisfy the requirements of this section."</p> <p>The Carrier has failed to provide sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, additional reimbursement is recommended in the amount of <b>\$300.00</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Totals</b>                    |                         | \$4,050.00                          | \$756.00                         |                    |           |                                                                                                            | The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$300.00</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$300.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17<sup>th</sup> day of March 2003.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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